



City of Norman

Wastewater System New Development Excise Tax Calculation Form  
Non-Residential Development

Permit # \_\_\_\_\_

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Owner Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Name: \_\_\_\_\_

Construction Address: \_\_\_\_\_

Business Description : \_\_\_\_\_

Est. Water Usage (Gal/Month) : \_\_\_\_\_ % Water Consumed in Process : \_\_\_\_\_

Remodel of Existing Structure? Yes \_\_\_\_\_ No \_\_\_\_\_

If Remodel of Existing Building, Identify Previous Use of Space:

\_\_\_\_\_

\_\_\_\_\_

Building Area (square feet) : Existing \_\_\_\_\_ New \_\_\_\_\_ Total \_\_\_\_\_

Operating Hours & Days: \_\_\_\_\_

	<u>Full - Time</u>		<u>Part - Time</u>		<u>Hours/Week</u>
No. of Existing Employees:	_____	and	_____	at	_____
No. of New Employees:	_____	and	_____	at	_____

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Jim Speck, Capital Projects Engineer  
PO Box 370  
Norman, OK 73070  
Phone: (405) 366-5443  
Fax: (405) 366-5445  
E-mail: jim.speck@normanok.gov

City of Norman—Planning Department	
Form Received: _____	
City of Norman—Utilities Department	
Form Received: _____	
Employee Fee: _____	
Process Water Fee: _____	
Total: _____	
Calculations by Staff Member: _____	Date: _____